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CHANNELING CITIZEN INDIGNATION INTO MEANINGFUL ACTION

Speech to

FIRST U.S. JUNIOR CHAMBER OF COMMERCE MENTAL HEALTH-MENTAL RETARDATION CONFERENCE

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by

MIKE GORMAN, Washington, D. C.

Executive Director, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS
Member, NATIONAL ADVISORY MENTAL HEALTH COUNCIL, U.S.P.H.S.
Fellow, AMERICAN PSYCHIATRIC ASSOCIATION (Hon.)

I have waited a long time for this summit meeting with top officials of the U. S. Junior Chamber of Commerce -- approximately twenty years.

Back in 1945 and 1946, when I was reporting on the frightful conditions in the mental hospitals and schools for the retarded in Oklahoma, I attempted to enlist the support of the U. S. Junior Chamber of Commerce in building a citizens' movement. A Jaycee myself, I journeyed to your national headquarters in Tulsa on a number of occasions to pay court to your state and national leaders. In retrospect, I can now see that the soil was not yet ready for seeding.

However, we are joined here today on the plains of Nebraska in a marriage of uncommon purpose and aspiration. Together, we now take a solemn vow to bring to an end the senseless neglect and isolation of millions of our fellow citizens afflicted with mental illness and mental retardation.

Where did it all start -- this cruel isolation of those sensitive minds and insecure personalities which broke down under the stresses of living? How does one justify the snakepits of yesterday and of today in the context of a Christian ethic which stresses

the dignity and worth of every individual, and the particular obligation of society to care for those who cannot care for themselves?

Did it all start with Francis Fauquier, the enlightened Governor of the Colony of Virginia, who in 1768 proposed the first public mental hospital? His was a compassionate act, as were the acts of Dorothea Lynde Dix in presenting memorials to various state legislatures urging the establishment of additional public mental hospitals.

Why did the mental hospitals of the early 19th century, praised so warmly by Charles Dickens, on a visit to America, for their humaneness and concern for the individual, break out of their life-size bounds and become gargantuan zoos for the inadequate care and feeding of distressed bipeds? Why did the Association of Medical Superintendents of American Institutions of the Insane, the predecessor of the American Psychiatric Association, break its solemn vow to hold these hospitals down to 250 beds, then to 600 beds and then permit the floodgates to open?

During the 19th and early part of the 20th centuries, there were magnificent individual citizen efforts to tear down the high walls which separated the mentally ill and the mentally retarded from their brethren in the outside world. We rightfully celebrate and venerate the splendid crusades of Dorothea Lynde Dix and Clifford Beers, but they were generals without an infantry of supporters. As a result, we suffered continually from a boom or bust cycle -- each temporary wave of reform soon followed by the seemingly inevitable collapse into apathy and indifference.

As a newspaper reporter who toured scores of state mental hospitals in the period from 1945 to 1950, I can state categorically that care of the mentally ill was still at a frightfully low ebb.

Concluding my first series on the institutions in Oklahoma -- deeply aware that I had only conveyed a suggestion of the nightmarish quality of all of it -- I wrote in 1946:

"Further, it doesn't even begin to suggest the frightful squalor these unfortunates live in -- beds jammed against one another, holes in the floor, gaping cracks in the wall, long rows of hard, unpainted benches, dirty toilets, dining halls where the food is slopped out by unkempt patient-attendants and, above all, the terrifying atmosphere of hopelessness in institutions where thousands of patients are penned in day after day and night after night, endlessly staring at blank walls."

Later that same year, after a tour of mental institutions in ten states, I expressed a small piece of my indignation in these words from a second series of articles:

"Today, despite the fact that care, treatment and prevention of mental disease is universally recognized as America's number one health problem, advances in this field have lagged far behind those in general medicine. In many ways, the treatment of our mentally ill is little better than in the times when they were chained in cages and kennels, whipped regularly at the full of the moon, and hanged as witches."

The initial reaction to these two series of articles was fantastic. We received hundreds of letters, wires and phone calls pledging support. To give you an idea of the intensity of citizen reaction, I quote the following excerpts from just two of the letters:

"To the Editor:

I have read the splendid series in the Daily Oklahoman by Mike Gorman on our mental institutions, but I'm beginning to wonder if your paper is going to quit when the job has just started.

You have exposed the condition, but now it is your duty to put pressure on the candidates for Governor and the state legislature to see that reforms are carried out at once.

In last Sunday's Oklahoman, several readers suggested you put the series in pamphlet form and distribute them to every member of the state legislature the day the session opens. I have been a reader of your paper for 22 years and, if you do this, it will be the finest service you've ever rendered the people of Oklahoma in all the years of your existence.

I have a son in one of the mental institutions now, and I'd be more than willing to contribute a sizeable sum to defray the cost of printing. I'm sure many other people would make contributions, too. Tell us what the pamphlet will cost, and we citizens of Oklahoma will pay for it.

C.M.L.
Woodward, Okla."

"To the Editor:

Thank you. Your articles on the mental institutions are a blessing to humanity.

My husband and I have had the heartbreaking experience of seeing both of our adopted children committed to a state institution for the mental defectives. We will both be tortured for the rest of our lives by constant worry for these unfortunate children.

We will pledge a \$10,000 donation to state institutions if a cure can be effected for these two children.

Mrs. M. L. R.
Oklahoma City"

On the basis of this spontaneous burst of public indignation, I thought the new Governor of Oklahoma and the State Legislature would give us everything we wanted in 1947. They gave us some basic new legislation in 1947, but by 1949 they were much less responsive. The original citizen excitement had worn off; there was no strong lay organization to keep the fires burning.

I felt then, and I feel as strongly today, that this is the most reprehensible failure of all -- the inability to channel this precious citizen indignation into meaningful action. It is as though you had prayed a long time for a heavy rain; the rain comes, but it spills over and floods the landscape because there are no dams to contain it for future use.

This is what happened to citizen interest in the 1940's.

I learned a great lesson during that sorrowful period. I had a very wise Managing Editor; one day I was complaining to him about the fact that the ornery Oklahoma Legislature wouldn't fall over and play dead. He replied, somewhat wearily:

"You have only told your story a few times. You have said something very unpleasant that was never said before. Most people didn't want to hear it then, and they don't want to hear it now. You have got to say it again and again, in as many different ways as possible, and you have got to get a broad base of citizen support."

I was deeply aware of the crucial role which highly motivated citizens had played in the mental health movement over a period of 180 years. In a talk in Topeka, Kansas in 1948, I noted that "since Colonial times, the citizens of this country have been the major motivating force in whatever improvements we have achieved in the care and treatment of the mentally ill."

We began catching up -- and we had such a long, long way to go -- after World War II. As a nation, we were somewhat disturbed that one-third of the five million young men who were turned down for military service during the Second World War were rejected because of psychiatric disability.

The first major break with the past was a deep commitment undertaken by our national government to create, from the ashes of the disreputable soldiers' homes of the past, a first rate, modern system of psychiatric and general medical care for our veterans. This commitment has been honored, and the Veterans Administration hospitals today provide an infinitely better level of psychiatric care for veterans than our state hospitals do for the great unwashed mass of civilians.

In the years immediately after World War II, the Congress also created the National Institute of Mental Health for the specific purpose of providing federal seed money for the support of research, training and the establishment of community mental health clinics in all regions of the country.

I think the NIMH has done this job well. For example, under a variety of training programs thousands of psychiatrists, psychologists, social workers and other therapists have been added to the thin lines of those fighting the battle against mental illness.

The first effective attempts at a broad attack upon the large custodial institutions came as a result of the action of such enlightened state Governors as Luther Youngdahl of Minnesota, Earl Warren of California, and G. Mennen Williams of Michigan. They

prodded the National Governors' Conference into sponsoring two penetrating surveys of the care of the mentally ill. These initial efforts culminated in the historic first National Governors' Conference on Mental Health in Detroit in 1954. That conference unanimously resolved that traditional custodial care of the mentally ill had reached a dead end -- that the several states must develop alternative treatment programs designed to eventually make these monstrous institutions obsolete.

One year after the first Governors' Conference Senator Lister Hill, the greatest Congressional champion of the mentally ill, delivered a ringing speech in the well of the Senate advocating Congressional matching support for a sweeping investigation by an independent, non-governmental Joint Commission on Mental Illness and Health of our shabby treatment of our suffering brethren.

"We in the Congress have become increasingly aware, over the years, that we have no rational, comprehensive plan for a medical attack upon an illness which fills more than 50% of all hospital beds in this country", Senator Hill told his colleagues.

The Joint Commission on Mental Illness and Health devoted six years to a study of poorhouse psychiatry as practised in this country. It attacked the existing state mental hospital system as bankrupt, and it called for a clean break with the past through the re-location of psychiatric care in the heart of the community.

The recommendations of the Joint Commission's six-year study served as the foundation for President Kennedy's magnificent message on mental health and mental retardation on February 5, 1963. In that message, President Kennedy told the Congress:

"Mental illness and mental retardation are among our most critical health problems. They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources, and constitute more financial drain upon both the Public Treasury and the personal finances of the individual families than any other single condition."

The essence of the major mental health legislation proposed by President Kennedy, and signed into law by him on October 31, 1963, is that isolation and warehousing of the mentally ill is no longer acceptable in our society. As proposed by President Kennedy, the legislation called for limited federal support in the construction and staffing of community mental health centers. The legislation emphasized the primacy of local initiative, and the new and key role of the private sector of medicine in the care of the mentally ill. The states and localities were given the responsibility for planning the location and design of these centers, and for raising the matching money for their construction and operation.

The Kennedy legislation, guided by Senator Lister Hill to a thumping 72-1 victory in the Senate, provided two dollars in staffing and operational aid for every dollar in construction money. In very simple terms, the Senate opted for brains over bricks. However, when the legislation reached the House, all staffing monies were removed. As it stands now, a local community attempting to establish a community mental health center must provide not only matching money for its construction, but 100% of the operating costs from the day it opens. Since these centers are designed to treat low-income and middle-income people who cannot afford private psychiatric care, how can these centers remain open without some sort of public subsidy?

We regard the present legislation as seriously deficient. We will be back, but we will not prevail in the Congress of the United States, or out at the forks of the creeks, until an aroused citizenry gets behind us in this fight. I cannot put it any better than Dr. Will Menninger did a few years back:

"Further progress in the difficult field of mental illness and mental health will come only when millions know enough, care enough, and are willing to work together hard enough, to make it come."

A year ago, an excellent reporter on the Tulsa Tribune, in my old stomping ground, did a series of seven articles pointing out that the Oklahoma mental hospitals were sliding back into the conditions prevalent before the modern reform movement began in 1945. Why? I quote the concluding paragraphs of his last article:

"One of the great needs of the mental health system is for more public awareness and understanding of the problems of mental health. While the Oklahoma Mental Health Association has done well in the humanitarian field, it has failed miserably as a political action group.

"It is a fact of life that lobbying is a key factor in stepping up appropriations. It is also true that unless a good public information program prevails, little can be accomplished.

"If the Oklahoma Medical Association spent half as much time, energy and money fighting for a good mental health program as it has against medicare, Oklahoma's program would not be sagging."

I want to be very frank with you. If we are to create a new day for the mentally ill and the retarded in this great land, we must have your help. We are only a small band of already converted souls -- we must gain thousands upon thousands of new converts and missionaries among those who have not as yet given heed to our message.

My father came to this country from Ireland. As a youth, he was very active in the movement for Irish independence from the British Crown. However, he could not abide "professional" Irishmen who would only discuss the perfidies of Albion with fellow Irishmen. I heard him once say to a group of his political associates:

"I am tired of Irishmen talking to Irishmen about the need for independence. We should be talking to the English!"

I cannot speak to you as truly lost souls in the same manner as I would accost the English -- you have shown, over the past several years, a heartening initial awareness of your responsibilities in the fields of mental illness and mental retardation.

It really began in 1961 with the magnificent effort of the Jaycees in Georgia. Under the leadership of that remarkable hypomanic dentist, Dr. Ronald Goldstein, the

Georgia Jaycees played a major role both in reforming the medieval mental institution at Milledgeville, and in obtaining jobs for discharged mental patients. Over and above these activities, the Georgia Jaycees were the major spark in achieving a new public awareness of the mentally ill and the mentally retarded. Two particular pamphlets which they sponsored -- "Aren't You Ashamed?" and, the following year, "Aren't You Still Ashamed?" -- had an enormous impact in awakening the public to the plight of the mentally ill and the mentally retarded.

I am also impressed by the fact that the Georgia Jaycees took their case to the political officials who had the ultimate responsibility for action. They worked on the Georgia state legislators and they presented their state and national plans for action to Georgia Governor Carl Sanders.

In other states, you are beginning to get into the swim. For example, in Pennsylvania past Jaycee President Richard Merck serves as Chairman of the Governor's Committee on Public Awareness of Mental Retardation, and as a result of these and other activities, Governor Scranton proclaimed May 29, 1964 as Jaycee Mental Health-Mental Retardation Day in the Commonwealth of Pennsylvania.

In South Carolina, three Jaycees have been appointed as members of the Board of Directors of the Spartanburg Mental Health Association.

Here in Nebraska, the Jaycees are really rolling. In Columbus, the Jaycees provided a significant portion of the financial support and the labor in the construction of a \$35,000 school for the mentally retarded. In Grand Island, chapter members raised more than \$2,500 for the Hope School for the Retarded in that city.

At the national level, you are really on the move. Your national convention in Dallas in June of this year gave enthusiastic endorsement to your deep involvement in the mental health and mental retardation movement. I am delighted to note that 42 states have already established Jaycee Committees on Mental Health and Mental Retardation.

I am equally impressed with the details of your national plan for action contained in the booklet "Doesn't Anyone Care?".

In the section of the booklet devoted to legislative pointers, I was particularly intrigued with the following tactic borrowed from another national organization:

"If you have a good Italian restaurant in your community, have a standing reservation for supper the first of each month. Invite Legislators and professional in the field of mental health."

Now, this will work very well in Omaha. The combination of lasagna and Dr. Wittson's South Carolina Gullah accent for spicing would be a smash hit in a South Omaha restaurant. However, when you get up to Massachusetts, please switch to corned beef and cabbage!

What can you do to help those of us who are engaged in trying to create a new day for the mentally ill and the mentally retarded?

You know many of the things you can do -- as in Georgia, you can work with the Governor and the state legislature for an improvement in conditions in state mental institutions. You know you can work effectively to create employment opportunities for discharged mental patients. You know that you can build better bridges of understanding between the mentally afflicted and the community at large.

But let me give you one of a number of examples of the kind of activity in which you can become a major participant. For countless years, the health insurance industry has discriminated against mental illness. This is a hang-over from the days when mental illness was regarded as incurable; the insurance industry argued that it had no responsibility to cover such an illness when the states could provide the patients room, food and medical care for a dollar a day.

All of this has now changed. Today we are demanding equal time and equal coverage with the physically ill. We are having some outstanding successes -- the recent UAW

contracts with the automotive manufacturers provided for extensive inpatient and outpatient care for psychiatric treatment -- but we are also meeting tremendous resistances rooted in past customs and mythologies.

This problem is crucial because those of us who had a hand in drafting the Kennedy mental health legislation are determined to return psychiatric treatment to the private sector of medicine. We are sick of poorhouse psychiatry, and we have resolved to create mechanisms through which the average mental patient can receive immediate treatment within the confines of his own community.

However, this kind of treatment is admittedly more expensive than poorhouse psychiatry. The average person cannot afford it. But 140 million Americans are covered by voluntary health insurance; inclusion of inpatient and outpatient psychiatric care in these various plans could make all the difference.

You can help us in this big educational job. Judging from my experiences as a Jaycee twenty years ago, quite a few of you are insurance agents. You can help convince the insurance industry, and the state officials who regulate it, that exclusion of psychiatric coverage from health insurance is absolutely unwarranted when it is realized that this illness fills more than 50% of all hospital beds.

Since I live in Washington, D. C., I want to stress the point that the federal role in this new mental health and mental retardation program is a necessarily limited one. For example, the \$150 million appropriated for community mental health centers over the next three years is only one half of the annual budget of the New York State Department of Mental Hygiene. The federal role is that of a catalyst -- to spur new and imaginative ways of treating mental illness.

By the same token, I don't think a national Jaycee blueprint can save the world. In a letter to Dr. Goldstein upon his retirement as Chairman of the National Committee on Mental Health and Mental Retardation, I wrote:

"I have just had a chance to look over the outline of Jaycee activities in the mental health and mental retardation fields for the years 1963 and 1964. I am enormously impressed not only with the amount of activity during these two years, but with the great variety of projects undertaken. It is most heartening that individual Jaycee Chapters have adopted their own methods of attacking these problems at the local level."

As we hopefully build a nation-wide chain of community mental health centers during the next decade, local initiative will be the prime determinant in their success or failure. Without local involvement, what good is an imposing building constructed with outside money? If there is not intensive citizen participation in the planning and operation of these centers, we have wasted all of our efforts.

Dealing with this very problem of local initiative in a talk in Philadelphia a decade ago, I said:

"Many of these community mental health services look very good in the blueprint stage but they become effective only when you, the citizens, participate in them and give them your full support. No community psychiatric unit, whether it be in a general hospital or in a school, can be really effective unless it is constantly challenged by an enlightened citizenry. In the final analysis, you will decide the services you want for yourselves and your children, and you are in no position to criticize the professional groups for not providing these services."

Several weeks ago, I received an invitation from the U. S. Junior Chamber of Commerce to join my fellow alumni at the 27th Annual Ten Outstanding Young Men Congress. At the top of the letter was inscribed the motto of your organization: "The hope of mankind lies in the hands of youth and action."

The operative word is action. As Dr. Adolf Meyer, the father of community psychiatry in this country, once put it:

"Thought at its very best is only a link in a chain of events leading to some final achievement. Its real and lasting fulfillment is found only in action."

Let us then resolve here today, at this momentous conference, that we will join hands in action at the local, state and national level, so that all of us in our lifetimes may see the day when the mentally ill and the mentally retarded shall be finally free of the curse of bondage, darkness and despair.